



Courier Request / Chain of Custody Form

Please complete this form and return completed form to courier-ma@cambrex.com.

| Service Options | Surcharge |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> Standard Courier Service ^{1,2} (sample pickup / drop-off between 10:00am – 3:00pm) | N/A |
| Premium Service Options (Select all that apply, multiple surcharges may apply based on selections) | |
| <input type="checkbox"/> 1) Same day notice (request received after 1:00 pm the day before, or request received day-of) ^{2,3} | 1) 200% fee |
| <input type="checkbox"/> 2) Pickup / drop-off window of less than 2 hours ^{1,3} | 2) 100% fee |
| <input type="checkbox"/> 3) Off-Hours service (sample pickup / drop-off before 10:00 am or between 3:00-7:00 pm) ^{1,2,3} | 3) 100% fee |
| <input type="checkbox"/> 4) Weekend service (Between Friday 7:00 pm and Monday 7:00 am) ^{1,2,3} | 4) 200% fee |
| <input type="checkbox"/> 5) Night-time service (between 7:00 pm and 7:00 am) ^{1,2,3} | 5) 200% fee |
| <input type="checkbox"/> 6) Rapid return service (required for any samples that have Immediate Test Initiation requests. Less than 3 business day notice for this option will incur an additional 100% fee.) ^{1,2,3} | 6) 200% fee |

¹Requires at least 24hr notice of service request.

²Requires a minimum of 2hr pickup window.

³All Premium Courier Service requests require pre-approval by Avista Pharma Solutions and is subject to capacity and availability.

| Pickup / Drop-off Information | | | |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------|------------------|
| PO #: | | | |
| Contact Person: | | | |
| Contact Phone #: | | | |
| Contact E-mail: | | | |
| Pickup / Drop-off Address: | | Billing Address: (if different than pickup address) | Accounts Payable |
| <input type="checkbox"/> Single Pickup / Drop-off (record date) | | | |
| <input type="checkbox"/> Recurring Pickup / Drop-off (record days) | | | |
| Earliest Time for Pickup⁴ / Drop-off: | | | |
| Latest Time for Pickup / Drop-off: | | | |
| Number and description of Items to be PICKED UP ⁵ : (e.g 1 cooler; can be completed at time of pickup) | <input type="checkbox"/> N/A | | |
| Number and description of Items to be DROPPED OFF : (e.g. 1 cooler w/ icepacks, 15 TSA settling plates, etc.) | <input type="checkbox"/> N/A | | |
| Additional Information (if applicable): | <input type="checkbox"/> N/A | | |

⁴Items must be available at the earliest time for pickup. If samples not available, and courier is able to wait, any additional wait time to be billed per half hour waited (rounded up to nearest half hour). See quote for wait fee.

⁵Client is responsible for packing samples at desired shipping conditions. Packaged samples will not be opened and verified until return to the Agawam site.

Cancellations must be received by 7:30 am on day of arrival in order to avoid being billed the full requested service price. Weekend requests must be cancelled prior to EOD Friday in order to avoid being billed the full requested service price.

Chain of Custody:

Request Submitted by: _____
Printed Signature Date

Client Signature at time of Pickup/Drop-off: _____
Printed Signature Date

Courier Signature at time of Pickup/Drop-off: _____
Printed Signature Date

FOR INTERNAL USE ONLY

| | | |
|----------------------------------------------|----------|---------------------------|
| Courier Scheduled by: | | Courier Arrival At Client |
| Initials | Date | Date: |
| Date | | Time: |
| Delivery Received by: (N/A for drop-offs) | Initials | Date/Time |
| | | Initials: |